Image# 12971293956 PAGE 1 / 28

### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An Aut	norizea Committe	ee		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	ng, type	12FE4M5	
American Podiatric Med	dical Association Pol	itical Action Co	mmittee		
ADDRESS (number and street)	9312 Old Georgetown Road				
Check if different					
than previously reported. (ACC)	Bethesda			MD	20814-1698
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y.	;	STATE A	ZIP CODE ▲
C C00008839			NEW N) <b>OR</b>	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			Jun 20 (M6) Jul 20 (M7)		20 (M9) Dec 20 (M12) (Non-Election Year Only)  20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1					
July 15 Quarterly Report (Q2	PRE-Election	Primary (12F	_	General	
October 15 Quarterly Report (Q3	Report for the:	Convention (	12C)	Special (	12S)
January 31 Year-End Report (YE	Election	on on	D   D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (300	G)	Runoff (3	Special (30S)
Termination Report (TER)	Election	on on	D   D /	Y Y Y	in the State of
5. Covering Period 05	01 2012	through	M M M	31	2012
I certify that I have examined this	s Report and to the best of	my knowledge and l	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Dr. William Dabdoub DPM				
Signature of Treasurer Dr. Wi	lliam Dabdoub DPM	[Electronicall	Filed]	vate 06	20 / 2012
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the per	son signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 05 01 2012 To: 05 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		401108.16
	(b) Cash on Hand at Beginning of Reporting Period	602944.66	
	(c) Total Receipts (from Line 19)	15519.50	272856.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	618464.16	673964.16
7.	Total Disbursements (from Line 31)	50250.00	105750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	568214.16	568214.16
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 05	01 2012 To	. 05 31 2012						
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
Contributions (other than loans) From:								
(a) Individuals/Persons Other								
Than Political Committees	9451.00	185628.00						
(i) Itemized (use Schedule A)	5461.66							
(ii) Unitemized(iii) TOTAL (add	6068.50	86728.00						
Lines 11(a)(i) and (ii)	15519.50	272356.00						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees (such as PACs)	0.00	0.00						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15519.50	272356.00						
2. Transfers From Affiliated/Other Party Committees	0.00	0.00						
8. All Loans Received	0.00	0.00						
Loan Repayments Received	0.00	0.00						
5. Offsets To Operating Expenditures	7	7						
(Refunds, Rebates, etc.)								
(Carry Totals to Line 37, page 5)	0.00	0.00						
Refunds of Contributions Made								
to Federal Candidates and Other								
Political Committees	0.00	500.00						
7. Other Federal Receipts								
(Dividends, Interest, etc.)	0.00	0.00						
B. Transfers from Non-Federal and Levin Funds								
(a) Non-Federal Account								
(from Schedule H3)	0.00	0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00						
` '								
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00						
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	15519.50	272856.00						
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	15519.50	272856.00						

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	Dperating Expenditures:  a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Carolinai Tour to Buto
	(i) Federal Share	0.00	0.00
	··	0.00	0.00
(	(ii) Non-Federal Shareb) Other Federal Operating	0.00	0.00
(	Expenditures	0.00	0.00
(	c) Total Operating Expenditures		
-	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Fransfers to Affiliated/Other Party	0.00	0.00
F	Contributions to Federal Candidates/Committees and Other Political Committees	48000.00	103500.00
	ndependent Expenditures		
. (	use Schedule E)Coordinated Party Expenditures	0.00	0.00
(	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other Than Political Committees	2250.00	2250.00
			0.00
` .	b) Political Party Committees	0.00	0.00
(	(such as PACs)	0.00	0.00
(	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	2250.00	2250.00
. (	Other Disbursements	0.00	0.00
F	Federal Election Activity (2 U.S.C. §431(20))		
(	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	···		
,	(ii) "Levin" Share	0.00	0.00
(	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(	c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	7 7	0.00
	Total Disbursements (add Lines 21(c), 22,	50050 20	
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50250.00	105750.00
	Total Federal Disbursements		
(	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)	50250.00	105750.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15519.50	272356.00
4. Total Contribution Refunds (from Line 28(d))	2250.00	2250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13269.50	270106.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		6	OF		28				
(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	association Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Dr. Michael James Chin  Mailing Address 15 N. Racine Ave. #501		Date of Receipt
City Chicago	State Zip Code IL 60607-2003	05 01 2012  Transaction ID: 19865029  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Windy City Foot & Ankle Physicians	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Brenna Leigh Steinberg  Mailing Address 21511 Sun Garden Ct.	Date of Receipt	
City Germantown	State Zip Code MD 20876-6941	Transaction ID : 19865030  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Larry S. Hotchkiss	'	Date of Receipt
Mailing Address 24 Harvard Ct.	7. 6. 1	05 01 2012
City Rockville	State Zip Code MD 20850-1148	Transaction ID : 19865031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	····	750.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Eddy L. Caldwell Date of Receipt Mailing Address 1404 Fairway Dr. 01 2012 City State Zip Code Transaction ID: 19890809 AR Jonesboro 72401-4385 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joseph M. Hughes Date of Receipt Mailing Address 2311 Ocean View Dr. 2012 05 01 City State Zip Code Transaction ID: 19890866 Signal Hill CA 90755-3778 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Los Alamitos Foot Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Richard Pat Mistretta Date of Receipt Mailing Address 1745 Riverglen Dr. 2012 05 02 City Zip Code State Transaction ID: 19891218 GA Suwanee 30024-1864 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Podiatric Physician Affiliated Foot & Ankle Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

TOTAL This Period (last page this line number only)	SUBTOTAL of Receipts This Page (optional)	Ξ	Ξ	7	Ξ	Ξ	7	Ξ	650.	00	
	TOTAL This Period (last page this line number only)			7		_	7				

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation Political Action Committe	e
Full Name (Last, First, Middle Initial)  Dr. Ross E. Taubman		Date of Receipt
Mailing Address 506 Hope Ave.		05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067-6205	Transaction ID : 19891220  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Podiatric Insurance Company of America	President & Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  B. Dr. G. Trent Smith	Date of Receipt	
Mailing Address 7013 N. Spoon Ter.		05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OK 73025-1871	Transaction ID : 19891224
Edmond	OK 73025-1871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Dr. Mark E. Reiner		Date of Receipt
Mailing Address 2909 Abernathy Lake Cove		05 03 2012
City Jonesboro	State Zip Code AR 72404-8403	Transaction ID : 19891377  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
The Podiatry Group, The Foot Doctors,	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Committe	ee					
Full Name (Last, First, Middle Initial)  1. Dr. Jack A. Koch		Date of Receipt					
Mailing Address 2937 Cardamon Ln.		05 02 2012					
City	State Zip Code	Transaction ID : 19891474					
Fullerton	CA 92835-4307	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation						
Self-Employed	Podiatric Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial)  3. Dr. Mark S. Smith		Date of Receipt					
Mailing Address 1005 Buchanan Ave.	05 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID: 19891615					
Oshkosh	WI 54902-3405	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer	Occupation						
Self-Employed	Podiatric Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial)  Dr. Daniel F. Ryan		Date of Receipt					
Mailing Address 16288 Birchwood Ln.		05 03 2012					
City	State Zip Code	Transaction ID : 19891967					
Brainerd	MN 56401-6183	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer	Occupation						
Brainerd Medical Center, P.A.	Podiatric Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary ☐ General  Other (specify) ▼	300.00						
SUBTOTAL of Receipts This Page (optional)	•	1050.00					
TOTAL This Period (last page this line numb	er only)						

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	nd Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	Acceptation Deliver A	
/ American Podiatric Medical /	Association Political Action Committe	ee 
Full Name (Last, First, Middle Initial)  A. Dr. Jesse Plasencia		Date of Receipt
Mailing Address 1906 Springside Dr.		05 04 2012
City	State Zip Code	Transaction ID : 19892227
Plainfield	IL 60586-4258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	†
Professional Foot Care Specialists	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Richard C. Wilson		Date of Receipt
Mailing Address 3740 Turtlemound Rd.	05 04 2012	
City	State Zip Code	Transaction ID : 19892232
Melbourne	FL 32934-8448	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Melbourne Podiatry Associates	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Stefanie Monique Thomas		Date of Receipt
Mailing Address 3650 Palestine Rd.		05 04 2012
City	State Zip Code	Transaction ID : 19892254
Raymond	MS 39154-8956	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Premier Foot Clinic, P.C.	Podiatric Physician	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (ontional	ıl)	700.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Pull Name (Last, First, Middle Initial) Dr. Alan K. Mauser  Mailing Address 425 S. Sherrin Ave.	Date of Receipt				
City	State Zip Code	05 04 2012			
Louisville	State Zip Code KY 40207-3817	Transaction ID : 19892255			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00			
Name of Employer	Occupation				
Self-Employed	Podiatric Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) Dr. Brian K. Bailey	Date of Receipt				
Mailing Address 1322 Lexington Ave.		M = M / D = D / Y = Y = Y			
City	State Zip Code	05 04 2012 Transaction ID : 19892256			
Ashland	KY 41101-2650	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	300.00			
Name of Employer Body, Mind, Spirit Podiatric Center	Occupation Podiatric Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00				
Full Name (Last, First, Middle Initial)	'				
Dr. Heather L. Whitesel		Date of Receipt			
Mailing Address 5892 Cedarcreek Ln.  City	State Zip Code	05 04 2012			
Lexington	KY 40515-9709	Transaction ID : 19892257  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
UC Davis Medical Group	Podiatric Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				

Use separate schedule(s) for each category of the Detailed Summary Page

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	g the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Podiatric Medical	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Robert J. Lenfestey Sr.  Mailing Address 113 Birklands Dr.		Date of Receipt
		05 04 2012
City Cary	State Zip Code NC 27518-8205	Transaction ID : 19892261
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	
Piedmont Foot & Ankle Clinic	Podiatric Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jeremy Alan McVay		Date of Receipt
Mailing Address 5085 Saxton Hollow Rd.		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	05 04 2012 Transaction ID : 19892262
Colorado Springs	CO 80908-7213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Foot & Ankle Center of Southern CO	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		
Dr. Charles D. Anderson  Mailing Address 306 Chautauqua Ave.		Date of Receipt
Maining Address 306 Chautauqua Ave.		05 05 2012
City Norman	State Zip Code OK 73069-5504	Transaction ID : 19892288  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Anderson Foot & Ankle Clinic	Podiatric Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)   General	350.00	
SUBTOTAL of Receipts This Page (options	al)	950.00
	<u></u>	
OTAL This Period (last page this line nur	nber only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Date of Receipt Mailing Address 100 Ayshire Ct. 06 2012 City Zip Code State Transaction ID: 19892289 Slidell LA 70461-5034 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Derek J. McCammon Date of Receipt Mailing Address 9477 S.E. Emerald Loop 2012 05 07 City State Zip Code Transaction ID: 19892292 OR Portland 97086-8037 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert G. Smith Date of Receipt Mailing Address 723 Lucerne Cir. 2012 05 07 City State Zip Code Transaction ID: 19892408 FL **Ormond Beach** 32174-4624 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 292.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR	LINE	MBER	:	PAGE	. 1	14	OF		28	
(check only one)										
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NAME OF COMMITTEE (In Full)	e name and address of any political committee to sociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Christopher Joseph Gauland Mailing Address 3009 Rolston Rd.  City Greenville  FEC ID number of contributing federal political committee.  Name of Employer Eastern Carolina Foot & Ankle Speciali Receipt For: Primary Other (specify)	State Zip Code NC 27858-6254  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00	Date of Receipt  05 07 2012  Transaction ID: 19892409  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Dr. Mark E. Reiner  Mailing Address 2909 Abernathy Lake Cove  City  Jonesboro  FEC ID number of contributing federal political committee.  Name of Employer The Podiatry Group, The Foot Doctors,  Receipt For:  Primary General Other (specify)	State Zip Code AR 72404-8403  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  1525.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Joseph H. Strickland  Mailing Address 2990 Longbrooke Way  City Clearwater  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code FL 33760-1719  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		425.00

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NAME OF COMMITTEE (In Full) American Podiatric Medical As	ssociation Political Action Committe	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alec Owen Hochstein  Mailing Address 33 Upland Rd.		Date of Receipt    M = M
City Great Neck	State Zip Code NY 11020-1133	Transaction ID : 19893808  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer  Great Neck Family Foot Care  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Dr. Gregory W. Bryan  Mailing Address Ark LA Tex Foot Specialists.	LLC	Date of Receipt
385 Bert Kouns #200 City Shreveport	State Zip Code LA 71106-8158	7 Transaction ID : 19895753  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ark LA TexFoot Specialists, LLC	Occupation Podiatric Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. Jondelle B. Jenkins  Mailing Address J.B. Jenkins & Associates  1706 E. 87th St.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60617-2740	Transaction ID : 19899953  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	834.00
Name of Employer  J.B. Jenkins & Associates	Occupation Podiatric Physician	
Receipt For:  Primary  Other (specify)   Other	Aggregate Year-to-Date ▼  1668.00	
SUBTOTAL of Receipts This Page (optional)		1234.00
TOTAL This Period (last page this line numbe	<u> </u>	

FOR LINE NUMBER: (check only one)						PAGE	 16	OF	28
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	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full)	According Political Action Committee	
American Podiatric Medical	Association Political Action Committ	ee 
Full Name (Last, First, Middle Initial)  A. Dr. Larry D. Jensen		Date of Receipt
Mailing Address 11815 S.W. King James	Pl. #60	05 18 2012
City	State Zip Code	Transaction ID : 19930265
Tigard	OR 97224-2407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to bate v	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Jeffrey Frederick		Date of Receipt
Mailing Address 30005 Forest Dr.		05 19 2012
City	State Zip Code	Transaction ID : 19930276
Franklin	MI 48025-1580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Dr. Robert J. Warkala		Date of Receipt
Mailing Address 59 Harrowgate Dr.		05 21 2012
City	State Zip Code	Transaction ID : 19930283
Cherry Hill	NJ 08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	+
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	500.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

	ing the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Podiatric Medica	I Association Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Mr. Randy B. Cooper  Mailing Address 4415 Aicholtz Road		Date of Receipt
		05 04 2012
City	State Zip Code	Transaction ID: 19931576
Cincinnati	OH 45245-1506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Ruth Ann Cooper, DPM	Assistant	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Dr. Stuart L. Tessler		Date of Receipt
Mailing Address 3 49th Ave.		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	05 16 2012 Transaction ID : 19985747
Isle Of Palms	SC 29451-2609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer	Occupation	†
Charleston Podiatry	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$2250.00 Thi changes the YTD Total to \$250.00
Full Name (Last, First, Middle Initial)		Data of Passint
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The second control of
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	nal)	300.00
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TOTAL This Period (last page this line no	imber only)	9451.00

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 OF 28											
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	NAME OF COMMITTEE (In Full)													
$  \rangle$	American Podiatric Medical Associa	ation Po	olitical Action	n Co	mm	nittee	!							
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_	Full Name (Last, First, Middle Initial)													
A.	Committee To Reelect Congressma	an Chris	s Smith				Date of	f Disl	burser	ment				
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	Mailing Address P.O. Box 3184						05		14		_ 2	012		
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	,	State NJ	Zip Code 08619				Trans	sactio	on ID	19904	175			
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	Rep. Christopher H. Smith				egory ype	"			7			1000	0.00	
		nent For: 2	 2012			$\dashv$				,				
	Senate	Primary	General											
	President	Other (spec	cify) ▼											
_	State: NJ District: 04													
_	Full Name (Last, First, Middle Initial)													
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	Matthew Address						M = M	/	D			040	Υ	
	Mailing Address 509 Madison Ave.						05		14	1	2	012	_	
	Suite 1902 City S	State	Zip Code			+								
		NY	10022				Trans	sactio	on ID	: 19904	1186			
	Purpose of Disbursement				-	_								
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	President State: District:	Other (spec	CIIY) 🔻											
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C	Full Name (Last, First, Middle Initial)						Date of	f Diel	hurser	ment				
٥.	Lobiondo For Congress							_		_	V	Υ	V	
	Mailing Address P.O. Box 550						05	1	14			012	1	
	,	State	Zip Code				Trans	sactio	on ID	: 19904	1191			
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	Purpose of Disbursement				)11	$\neg \bot$			_					
	Candidate Name				-	_	Amoun	t of E	ach l	Disburs	emen	t this	Perio	d
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SCHEDULE B (FEC Form 3X)	11	mate astroll ( / )	FOR LINE NUMBER: PAGE 19 OF 28							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(0	check only 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	20	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					on for the	purpose of	of soliciting			
NAME OF COMMITTEE (In Full)										
American Podiatric Medical Associ	iation Po	olitical Action	n Co	mmitte	ee					
Full Name (Last, First, Middle Initial)										
Wenstrup For Congress					Date o	f Disburse		Y W Y	Υ	
Mailing Address 512 Missouri Ave					05	1.	4	2012		
,	State	Zip Code			Trans	saction ID	: 19904197			
Cincinnati	OH	45226			l liun	ouotion ib	. 10004101			
Purpose of Disbursement				011	Amoun	t of Each	Disburseme	nt this F	Period	
Candidate Name			Cat	tegory/				5000	00	
Mr. Brad Wenstrup				<b>Туре</b>		-		5000	.00	
Senate President	ment For: 2 Primary Other (spec	Meneral Control								
State: OH District: 02										
Full Name (Last, First, Middle Initial)  3. Simpson For Congress					Date o	f Disburse	ment			
Mailing Address 1487 Parkway Drive					м - м 05		D / Y 4	y y y 2012	Y	
Blackfoot	State ID	Zip Code 83221			Trans	saction ID	: 19904199			
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Candidate Name			Cat	egory/				4000	. 00	
Rep. Michael K. Simpson				уре		-,		1000	.00	
	ment For: 2 Primary Other (spec	General								
Full Name (Last, First, Middle Initial)  Valden For Congress					Date o	f Disburse	ment			
Mailing Address PO Box 1091					05	/ D 1		2012	Y	
	State	Zip Code			Trans	saction ID	: 19904203			
Hood River Purpose of Disbursement	OR	97031								
·				011	Amoun	t of Each	Disburseme	nt this F	Period	
Candidate Name				tegory/				5000	00	
Rep. Gregory P. Walden	<del></del>		7	уре				3000	.00	
Senate President	ment For: 2 Primary Other (spec	General								
State: OR District: 02								_	_	
SUBTOTAL of Disbursements This Page (optional)				····· <b>&gt;</b>	L.			11000	.00	
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S	CHEDULE B (FEC Form 3X)		EOD LIN	IE NUMBER: PAGE 20 OF 28
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check o	IL NOMBER.
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		Detailed Suffilliary Page	27	28a 28b 28c 29 30b
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	for commercial purposes, other than using the name			
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Podiatric Medical Associ	ation Political Actio	n Commit	tee
$\mathbb{Z}$				
_	Full Name (Last, First, Middle Initial)			
A.	Berkley For Senate			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 3069 Conquista Court			05 14 2012
	City	State Zip Code		
	Las Vegas	State Zip Code NV 89121		Transaction ID : 19904207
	Purpose of Disbursement	00121		
			011	Amount of Each Disbursement this Period
	Candidate Name			
	Ms. Shelley Berkley		Category/ Type	1000.00
		ment For: 2012	71	, , ,
		Primary General		
	President	Other (specify) ▼		
_	State: NV District:	<u> </u>		
	Full Name (Last, First, Middle Initial)			
В.	Garamendi For Congress			Date of Disbursement
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	Mailing Address C/O California Political Law, Inc.			05 14 2012
	3605 Long Beach Blvd., Ste. 426	OL-1-		
	City S Long Beach	State Zip Code CA 90807		Transaction ID: 19904209
	Purpose of Disbursement	30007		
	•		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. John Garamendi		Category/ Type	1000.00
		nent For: 2012		
		Primary General		
	President	Other (specify) ▼		
_	State: CA District: 10			
	Full Name (Last, First, Middle Initial)			
C.	Kevin Mccarthy For Congress			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO Box 12667			05 14 2012
	City	State Zip Code		
	Bakersfield	CA 93389		Transaction ID: 19904212
	Purpose of Disbursement			
			011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. Kevin McCarthy		Type	2500.00
		nent For: 2012		
		Primary General		
	President	Other (specify) ▼		
	State: CA District: 22			
				4500.00
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	1		FOR LINE NUMBER: PAGE 21 OF 28							
TEMIZED DISBURSEMENTS	Use separate for each cated Detailed Sum	gory of the	(check only 21b 27							
Any information copied from such Reports and States or for commercial purposes, other than using the nar			d by any perso	n for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)										
American Podiatric Medical Assoc	iation Politic	cal Action	Committee	Э						
Full Name (Last, First, Middle Initial)										
Friends Of Farr				Date of Disbursement						
Mailing Address 555 Capitol Mall, Suite 1425				05 14 2012						
City		Code		Transaction ID : 19904217						
Sacramento	CA 95	814		11aiisaction iD . 19904217						
Purpose of Disbursement			011	Amount of Each Disbursement this Period						
Candidate Name			Category/	1000.00						
Rep. Sam Farr			Type	1000.00						
Senate President	ment For: 2012 Primary Other (specify)	General								
State: CA District: 17										
Full Name (Last, First, Middle Initial)										
· Friends Of Farr				Date of Disbursement						
Mailing Address 555 Capitol Mall, Suite 1425				05 14 2012						
City	State Zip	Code		Transaction ID : 19904219						
Sacramento	CA 95	814		11ansaction 1D : 19904219						
Purpose of Disbursement			011	Amount of Each Disbursement this Period						
Candidate Name		-	Category/	4000.00						
Rep. Sam Farr			Type	1000.00						
	ment For: 2012 Primary Other (specify)	General								
Full Name (Last, First, Middle Initial) - Brett Guthrie for Congress				Date of Disbursement						
Mailing Address PO Box 9639				05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	State Zip	Code								
City	Claic Zip			Transaction ID: 19904221						
Bowling Green	KY 42	102								
Bowling Green Purpose of Disbursement	KY 42	102	011	Amount of Each Disbursement this Period						
Bowling Green Purpose of Disbursement  Candidate Name	KY 42	102	Category/	Amount of Each Disbursement this Period						
Bowling Green Purpose of Disbursement  Candidate Name Rep. Brett Guthrie  Office Sought:  House Senate President  Disburse	ment For: 2012 Primary Other (specify)	General								
Bowling Green Purpose of Disbursement  Candidate Name  Rep. Brett Guthrie  Office Sought:  House Senate  Disburser	ment For: 2012 Primary	General	Category/							
Bowling Green Purpose of Disbursement  Candidate Name Rep. Brett Guthrie  Office Sought:  House Senate President  Disburse	ment For: 2012 Primary Other (specify)	General ▼	Category/ Type							

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 22 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling	•	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem	ı nents may not be sold or us			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Association	ation Political Actio	n Committe	е	
Full Name (Last, First, Middle Initial)				
A. Volunteers For Shimkus			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 661			05 14	2012
City	State Zip Code		: ID 4	
Collinsville	IL 62234		Transaction ID: 1	9904222
Purpose of Disbursement		011	Amount of Fools Die	alan managan tahin Dawin d
Candidate Name		011	Amount of Each Dis	sbursement this Period
Rep. John M. Shimkus		Category/ Type		1000.00
	nent For: 2012	.,,,,	7	
	Primary Seneral			
	Other (specify) ▼			
State: IL District: 19				
Full Name (Last, First, Middle Initial)  B. Friends of Lois Capps			Date of Disburseme	ent
B. Friends of Lois Capps			M M / D D	/ <b>Y Y Y Y</b>
Mailing Address PO Box 23940			05 14	2012
,	State Zip Code		Transaction ID : 1	9904223
Santa Barbara Purpose of Disbursement	CA 93121			
Fulpose of Dispulsement		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/	3. 2. 2. 2. 3. B.	
Lois Capps		Type		1000.00
	nent For: 2012			
	Primary General			
State: CA District: 23	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Leadership Today and Tomorrow F	PAC		Date of Disburseme	ent
			M M / D D	/
Mailing Address 9869 Easton Drive			05 14	2012
City	State Zip Code		T	0004004
Beverly Hills	CA 90210		Transaction ID: 1	9904224
Purpose of Disbursement		044		
Candidate Name		011	Amount of Each Dis	sbursement this Period
Cardidate Name		Category/ Type		2500.00
Office Sought: House Disbursen	nent For:	. 7 100		
Senate	Primary General			
	Other (specify) ▼			
State: District:				
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 OF 28								28		
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• •		for each category of the Detailed Summary Page			21b	22	X	1		4	25		26
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or	for commercial purposes, other than using the name	e and address of any politi	cal con	nmitt	tee to	solicit co	ontrib	utions	from	such	comm	ıttee.	
	NAME OF COMMITTEE (In Full)		_		•								
$ \rangle$	American Podiatric Medical Associa	ation Political Action	n Co	mn	nitte	е							
$\angle$	Full Name (Last, First, Middle Initial)												
Α.	Congressman Bill Young Campaign	o Committoo				Date of	of Dis	sburse	ement				
- 48	Congressman bill Toung Campaigi					M		D		V	Y Y	V	
	Mailing Address P. O. Box 47025					05			4		2012	[ ]	
	•	State Zip Code				Tran	sacti	ion ID	: 1990	14226			
	St. Petersburg	FL 33743				· · · · · ·	Juoti		. 100	,-220			
	Purpose of Disbursement			)11	$\neg$ $\Box$	Amour	nt of	Each	Dich	reomo	nt thic	Pori	od
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	Rep. C.W. Bill Young		Cate	egor ype	y/		_		_		100	00.00	
		nent For: 2012	- 1	ype	-			7		7			
		Primary General											
	President	Other (specify) ▼											
_	State: FL District: 10	· 											
	Full Name (Last, First, Middle Initial)												
В.	Pallone For Congress					Date of	of Dis	sburse	ement				
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	Mailing Address PO Box 3176					05		1	4	Ш.	2012		
	City	State 7:- 01-											
	City S Long Branch	State Zip Code  NJ 07740				Tran	sacti	ion ID	: 199	04227			
	Purpose of Disbursement	01140											
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	Candidate Name		Cate	egor	v/		-	-	_	-	٠.	00.51	
	Rep. Frank Pallone Jr.			ype	<i>y.</i>		_	7		7	5	00.00	
		nent For: 2012											
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_	State: NJ District: 06												
_	Full Name (Last, First, Middle Initial)					Det	۲ D.	ab	ma = :- 1				
Ü.	Lee Terry For Congress					Date of							
	Mailing Address PO Box 540098				-	05	/	1	D /		y = y 2012	Y	
	Mailing Address FO BOX 340098					US	-	-	7		-U 12		
	City	State Zip Code						! !	. 400	1000			
	Omaha	NE 68154				Tran	sacti	ion ID	: 199	J4228			
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	Rep. Lee Terry  Office Sought:	nont For: 0040	T	ype			-	7	_	7			_
		nent For: 2012 Primary General											
	President	Other (specify)											
	State: NE District: 02	Carol (opcolly)											
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PA	GE 24 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)	
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NAME OF COMMITTEE (In Full)		_		
American Podiatric Medical Assoc	iation Political Actio	n Committe	e 	
Full Name (Last, First, Middle Initial)				
A. Ken Calvert For Congress Commi	ttee			/
Mailing Address PO Box 20123	7. 0.1		05 14	2012
City	State Zip Code CA 92516		Transaction ID: 199042	29
Riverside Purpose of Disbursement				
		011	Amount of Each Disburse	ment this Period
Candidate Name		Category/		1000.00
Rep. Ken Calvert  Office Sought:  House Disburse	ement For: 2012	Туре	7	
Senate President	Primary General Other (specify)			
State: CA District: 44				
Full Name (Last, First, Middle Initial)				
B. Nancy Pelosi For Congress			Date of Disbursement	/
Mailing Address 700 13th Street, Nw Suite 600			05 14	2012
City Washington	State Zip Code DC 20005		Transaction ID: 199042	30
Purpose of Disbursement		011	Amount of Each Disburse	ment this Period
Candidate Name		Category/		1000.00
Rep. Nancy Pelosi Office Sought:  House Disburse	west Few 2010	Туре	7	,11,2,11
Office Sought:    House   Disburse	ement For: 2012 Primary ☐ General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Hal Rogers For Congress			Date of Disbursement	/
Mailing Address P.O. Box 1214			05 14	2012
City	State Zip Code		Transaction ID: 199042	25
Somerset	KY 42502		1141154611011 ID : 199042	.JJ
Purpose of Disbursement				
Condidate Name		011	Amount of Each Disburse	ment this Period
Candidate Name		Category/		2500.00
Rep. Harold Dallas Rogers	mont For: 0040	Туре		111130
Senate President	ement For: 2012 Primary General Other (specify)			
State: KY District: 05				
SUBTOTAL of Disbursements This Page (optional).		······		4500.00
TOTAL This Period (last page this line number only	/)	·····		

SC	HEDULE B (FEC Form 3X)			FOR LINE N	IUMBER:	PAGE 25 OF 28
ITE	MIZED DISBURSEMENTS	Use separate s for each category		(check only	one)	
		Detailed Summ		21b	22 🗶 23	24 25 26
<u> </u>				27	28a 28b	28c 29 30b
	information copied from such Reports and Staten or commercial purposes, other than using the name					
I \	IAME OF COMMITTEE (In Full)			_		
/	American Podiatric Medical Associa	ation Politica	al Action	Committee	9	
	ull Name (Last, First, Middle Initial)					
_	Peterson For Congress				Date of Disburseme	/ Y Y Y Y Y
_	Mailing Address 26192 Floyd Lake Point Road				05 14	2012
			Code		Transaction ID: 1	9904240
	Detroit Lakes Durpose of Disbursement	MN 565	01			
	·			011	Amount of Each Dis	sbursement this Period
	Candidate Name			Category/		1000.00
	Rep. Collin C. Peterson  Office Sought:	nent For: 2012		Туре	-	-
	Senate President	Primary Other (specify)	General			
	State: MN District: 07					
_	full Name (Last, First, Middle Initial)	01 : 0			Data of Distance	1
В. (	Committee To Reelect Congressm	an Chris Sn	nith		Date of Disburseme	
N	Mailing Address P.O. Box 3184				05 14	2012
F	Hamilton	State Zip NJ 086	Code 19		Transaction ID : 1	9904242
	Purpose of Disbursement			011	Amount of Each Dis	sbursement this Period
_	Candidate Name			Category/		1500.00
	Rep. Christopher H. Smith			Туре	-	1500.00
C	Senate	nent For: 2012 Primary	General			
S	President District: 04	Other (specify)	<b>Y</b>			
	ull Name (Last, First, Middle Initial)				5	
C.	Bob Casey For Senate Inc				Date of Disburseme	
N	Mailing Address 700 13th Street Nw				05 14	2012
_	Suite 600 City S	State Zip	Code			
		DC 200			Transaction ID: 1	9904244
	Purpose of Disbursement					
_				011	Amount of Each Dis	sbursement this Period
	Candidate Name			Category/		1000.00
_	Mr. Robert Casey			Туре		1000.00
	Senate President	nent For: 2012 Primary  Other (specify)	General •			
S	State: PA District:					
su	BTOTAL of Disbursements This Page (optional)			·····•	7	3500.00
то	TAL This Period (last page this line number only)			······		7

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 26 OF 28							
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	nly one)						
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	30					
Any information copied from such Reports and Staten	nents may not be sold or u								
or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
American Podiatric Medical Associ	ation Political Actic	n Committe	e						
/									
Full Name (Last, First, Middle Initial)			Date of Disbursement						
Nyden For Senate									
Mailing Address 232 Ne 9th Avenue			05 14 2012	Y					
City	State Zip Code								
Portland	OR 97232		Transaction ID: 19904246						
Purpose of Disbursement									
		011	Amount of Each Disbursement this	Period					
Candidate Name		Category/	1000	0.00					
Sen. Ron Wyden		Туре	1000						
	nent For: 2016								
Senate Yresident	Primary General Other (specify) ▼								
State: OR District:	Other (specify)								
Full Name (Last, First, Middle Initial)									
- Ed Royce For Congress			Date of Disbursement						
La Noyoo i or congress			M = M / D = D / Y = Y = Y	Υ					
Mailing Address P.O. Box 2525			05 14 2012						
City	State Zip Code		Transaction ID : 19904248						
Orange	CA 92859								
Purpose of Disbursement		011	Amount of Each Disbursement this	Dorind					
Candidate Name			Amount of Each bisbursement this i	i enou					
Rep. Edward R. Royce		Category/ Type	1000	0.00					
	nent For: 2012	-7/2	,						
	Primary General								
President	Other (specify) ▼								
State: CA District: 40									
Full Name (Last, First, Middle Initial)									
- Hansen Clarke For Congress			Date of Disbursement						
Moiling Address 4440 Western American (1995)			05 31 2012	Υ					
Mailing Address 1448 Woodward Avenue #305			05 31 2012						
City	State Zip Code								
Detroit	MI 48226		Transaction ID: 19938425						
Purpose of Disbursement									
One distance Manage		011	Amount of Each Disbursement this	Period					
Candidate Name Hansen Clarke		Category/	1000	0.00					
	nent For: 2012	Туре		<u> </u>					
Senate Disburser	Primary General								
President	Other (specify)								
State: MI District: 13	- \-\								
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SUBTOTAL of Disbursements This Page (optional)			3000	0.00					
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 27	OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  21b 22 X 23 24 25 2		
		27	28a 28b 28c 29	3
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NAME OF COMMITTEE (In Full)				
American Podiatric Medical Associa	ation Political Action	Committee	Δ	
/	ation i ditical /totion	Oommittee	<u> </u>	
Full Name (Last, First, Middle Initial)			Data of Dishumanment	
A. Mike Mcintyre For Congress			Date of Disbursement	
Mailing Address P.O. Box 1			05 16 2012	
,	State Zip Code		Transaction ID: 19985233	
	NC 28359		Halisaction ID . 19905255	
Purpose of Disbursement		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/		
Rep. Mike McIntyre		Type	25	00.00
Senate President	nent For: 2012 Primary			
State: NC District: 07				
Full Name (Last, First, Middle Initial)  3.			Date of Disbursement	
		M = M / D = D / Y = Y = Y	Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name Category/				
		Type		
	nent For:  Primary General  Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y	Y
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this	s Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify) ▼		1 1 1 1 1 1 1 1 1 1 1 1	
State: District:				
SUBTOTAL of Disbursements This Page (optional)			250	00.00
TOTAL This Period (last page this line number only).			4800	00.00

SCHEDULE B (FEC Form 3X)		T FOR LINE	NUMBER: PAGE 28 OF 28	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.	
I LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 23 24 25 26	
	Detailed Summary Page	27	X 28a 28b 28c 29 30k	
Any information copied from such Reports and State	ments may not be sold or use	ed by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nati	me and address of any politic	al committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Assoc	iation Political Action	Committe	e	
/		-		
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Dr. Stuart L. Tessler				
Mailing Address 3 49th Ave.			05 16 2012	
City	State Zip Code		Transaction ID : 19906903	
Isle Of Palms	SC 29451-2609		เาดแรดงแบบ เมา. เฮฮบบฮบอ	
Purpose of Disbursement Refund of Contribution		010	Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Dispursement this Period	
Sandato Hamo		Category/ Type	2250.00	
Office Sought: House Disburse	ment For:	. , , , ,		
Senate	Primary General		Refund of Contribution	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
Moiling Address			M = M / D = D / Y = Y = Y	
Mailing Address				
City	State Zip Code			
	<u> </u>			
Purpose of Disbursement			Amount of Foot Bishamon 1911 But 1	
Candidate Name			Amount of Each Disbursement this Period	
Sandidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	Type		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
<b>&gt;.</b>			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
Mailing Address				
City	State Zip Code			
	·			
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period	
Candidate Ivallie		Category/		
Office Sought: House Disburse	ment For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
-				
$\textbf{SUBTOTAL} \ \ \text{of Disbursements This Page (optional)}.$		·····•	2250.00	
			2250.00	
TOTAL This Period (last page this line number only	)		2250.00	